

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Dept.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

**COPY**

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Submitted (Received)  
JUL 11 2016  
Bayfield Co. Zoning Dept.

Permit #:	110-0307
Date:	9-13-16
Amount Paid:	\$75 > \$205
Refund:	\$75

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: CLARENCE B. PETERSON	Mailing Address: 8125 US HWY 2	City/State/Zip: 54847	Telephone: 808-258-0990
Address of Property: 68245 CTY HWY H.	City/State/Zip: NON RIVER, WIS. 54847	Cell Phone: SAME	
Contractor: SELF	Contractor Phone: SAME	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Michael Fordak	Agent Phone: 817-2034	Agent Mailing Address (Include City/State/Zip): 6173 FARM ROAD IRON RIVER, WI 54847	Written Authorization Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) Gov't Lot: 1/4 Lot(s): CSM: Vol & Page: 14-16 Block(s) No. 1	PIN: (23 digits) 04-024041-08-07-4-00-248-03000	Recorded Document: (i.e. Property Ownership) Volume 989 Page(s) 683
Section 7, Township 41 N, Range 8 W	Town of: NON RIVER	Subdivision: PETTINGILLS 2ND ADD. TO NON RIVER	Lot Size: 75X100' Acreage: N/A .178
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Shoreland	Distance Structure: Is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure: Is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at time of Completion *Include donated time & material \$12,000	Project (Whatever you apply for) GARAGE	# of Stories and/or basement 1-Story	Use Seasonal	# of bedrooms 1	What Type of Sewer/Sanitary System Is on the property? Municipal/City	Water City
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 14	Height: 14
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2") Porch with a Deck with (2") Deck with Attached Garage	( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( ) ( ) X ( )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) GARAGE	( ) X ( ) ( ) X ( ) ( ) X ( )	336 384
<input type="checkbox"/> Municipal Use	Accessory Building (specify) Accessory Building Addition/Alteration (specify)	( ) X ( ) ( ) X ( )	
	Special Use: (explain) Residence Garage in Commercial	( ) X ( )	
	Conditional Use: (explain) Zoning District	( ) X ( )	
	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) am (are) responsible for the detail and accuracy of all information (I/we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on the information (I/we) am (are) providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Michael Fordak  
Address to send permit: 8125 US HWY 2 NON RIVER WIS  
Date: 30 June 16

Below: Draw or sketch your property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show /indicate: **North (N) on Plot Plan**
- (3) Show location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

ADOC

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning D

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	68' Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	45' Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	34' Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	44' Feet	Setback from Wetland	N/A
Setback from the West Lot Line	13' Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	45' Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		N/A
Setback to Privy (Portable, Composting)	N/A		N/A

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to another previously surveyed corner or marked by a licensed surveyor at the owner's expense.

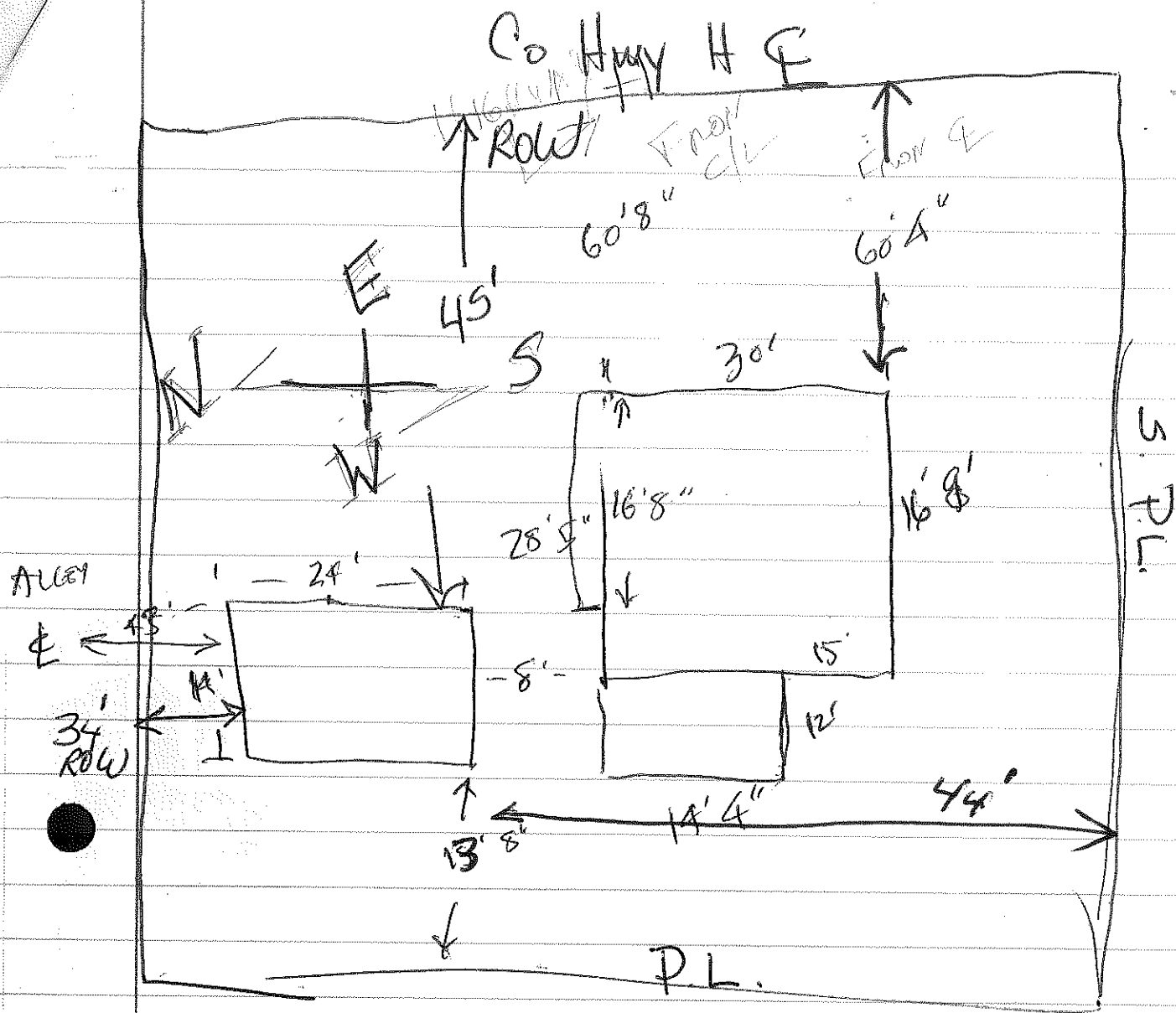
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0307		Permit Date: 9-13-16					
<input checked="" type="checkbox"/> Is Parcel a Sub-Standard lot		<input checked="" type="checkbox"/> Yes (10' or more)		<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)		<input type="checkbox"/> No			
<input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Case #:		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Inspection Record:		12 FT to side property line (west) w/ 2 ft overhang = 10 ft. 30 ft = 5 ft.					
Date of Inspection: 8-17-16 (final)		Inspected by: J. Greenberger - PHOTIS					
Conditions (Town, Committee or Board Conditions/Attached?)		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No - (If No they need to be attached.)			
Must Building show not BE used for human habitation for sleeping purposes.							
Signature of Inspector:		Hold For BA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Date of Approval: 9-13-16	
ADOC							



34' ROW Alley  
 45' ROW Co Hwy H  
 13' W. Property Line  
 45' E. Property Line (ROW Co Hwy H)  
 44' S. Property Line





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STATEMENT AND FEE TO:**

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

**SECRET**

DATA SUPPORT CENTER  
RECEIVED  
MAR 31 2016  
CISCO Zoning Dept.

Permit #:	16-0315
Date:	9-16-16
Amount Paid:	\$75
Refund:	9-2-16

Payfield Co. Zoning Dept.  
TO APPLICANT

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Clyde & Marten Holceland			Mailing Address:		Telephone:	
Address of Property:		10505 Angus Lk Rd			City/State/Zip:		715-372-8280	
same					City/State/Zip:		218-391-6733	
Contractor:		Holceland Building & Property Services			Contractor Phone:		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Cory Holceland			Agent Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
NW 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Volume 591
		Lot(s)		Vol & Page		Block(s) No.		Pages 106
		519/106						
Section 10, Township 47 N, Range 08 W		Town of:		Iron River		Lot Size		Acres 2.15
						119' x 530'		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone?		Are Wetlands Present?
		if yes---continue →		80		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>conventional</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 28'	Height: 22'
Proposed Construction:	Length: 12'	Width: 8'	Height: 11'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<del>12.8</del> X 48 )	1344
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(    ) X    )	
	with Loft	(    ) X    )	
	with a Porch	(    ) X    )	
	with (2 <sup>nd</sup> ) Porch	(    ) X    )	
	with a Deck	(    ) X    )	
	with (2 <sup>nd</sup> ) Deck	(    ) X    )	
<input type="checkbox"/> Commercial Use	with Attached Garage	(    ) X    )	
	Rec'd for Issuance		
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(    ) X    )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(    ) X    )	
	<input type="checkbox"/> Addition/Alteration (specify) <u>porch/entry</u>	( 12 X 8 )	96
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u>	( <del>24</del> X <del>32</del> )	768
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(    ) X    )	
<input type="checkbox"/> Secretarial Staff			
	Special Use: (explain) _____	(    ) X    )	
	Conditional Use: (explain) _____	(    ) X    )	
	Other: (explain) _____	(    ) X    )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):	Date

(if there are Multiple Owners listed on the Lead All Owners must sign or letter(s) of authorization must accompany this application)

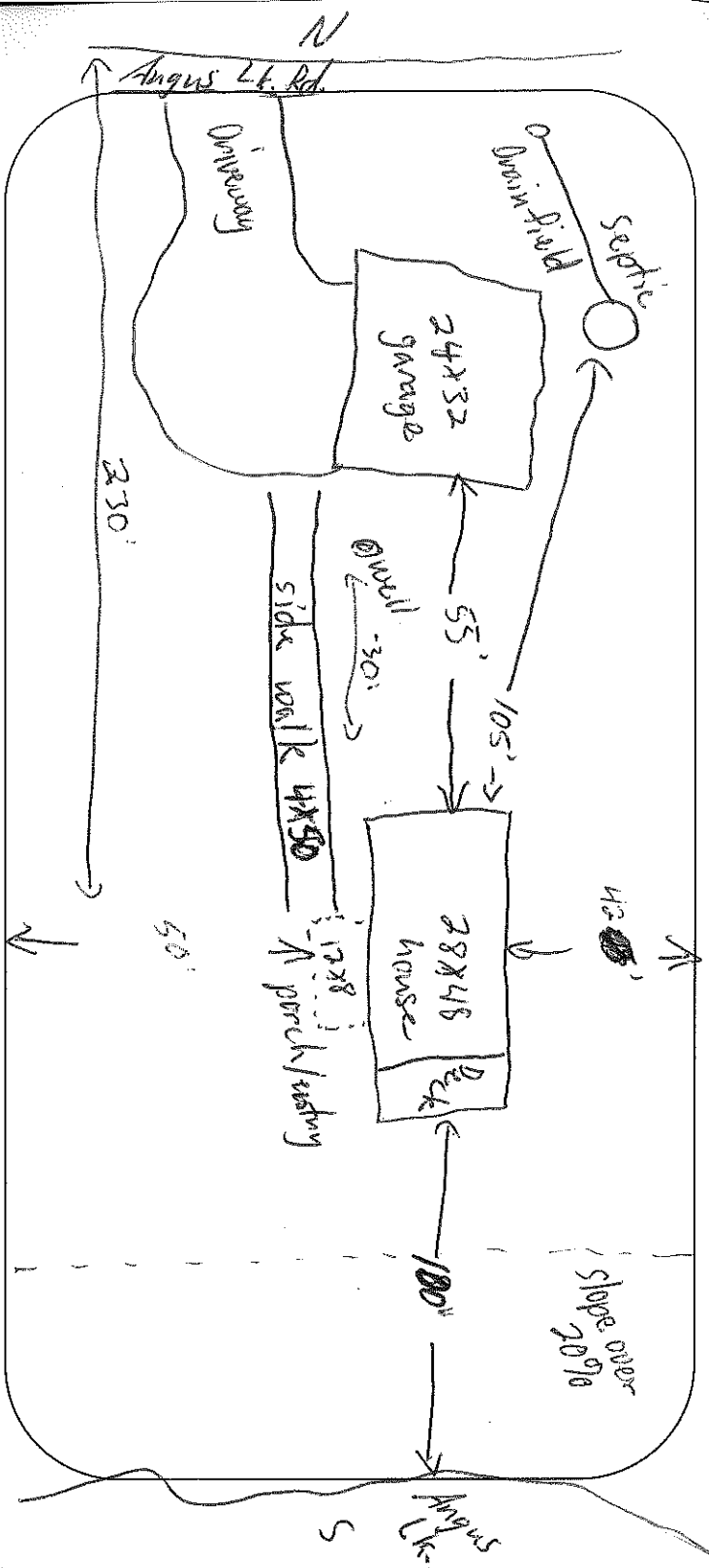
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 822 Iron River MI 54841

Copy of Tax Statement ATTACHED

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	230' Feet	Setback from the Lake (ordinary high-water mark)	100' Feet
Setback from the Established Right-of-Way	240' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot line	415' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot line	125' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	52' Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot line	42' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	105' Feet	Setback to Well	30' Feet
Setback to Drain Field	115' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>06-2645</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>16-0315</u>		Permit Date: <u>9-16-16</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: _____		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>system part due for service as of 9-23. permit held until system serviced.</u>		Zoning District: <u>R-1</u> Lakes Classification: <u>2-Angus</u>		
Date of inspection: <u>8-31-16</u>		Inspected by: <u>Jason Bona. Murphy</u>		Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Signature of Inspector: _____				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				
Date of Approval: <u>9-7-16</u>				